NOTICE OF RULE ADOPTION—FINAL RULE

STATE OF MISSISSIPPI OFFICE OF THE GOVERNOR DIVISION OF MEDICAID

Miss. Division of Medicaid c/o Ginnie McCardle, Staff Officer Walter Sillers Building 550 High Street **Suite 1000** Jackson, MS 39201-1399 (601) 359-6310

Referen	e to Rules i	epealed,	amende	ed or	suspen	ded by t
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http://www.dom.state.ms.us Date Rule Proposed: March 18, 2009 Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: AP2009-20 This administrative policy amendment changes the HCPCS code to J3490 that provider should use to bill Medicaid on a CMS 1500 claim form for 17 Alpha-Hydroxyprogesterone (17-P) injections. This code should be used along with the National Drug Code (NDC). The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address. An oral proceeding was held on this rule: Date: Time: Place: An oral proceeding was not held on this rule. The Agency has considered the written comments and the presentations made in any oral proceedings, and This rule as adopted is without variance from the proposed rule. This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule. The rule as adopted differs from the proposed rule. The differences however are: Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: July 1, 2009 **Executive Director** Signature and Title of Person Submitting Rule for Filing